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CONFIRMATION NO. 7880

<b>SERIAL NUMBER</b> 10/727,868	<b>FILING OR 371(c) DATE</b> 12/04/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 8567-592U2 (P-0275)
<b>APPLICANTS</b> Paul H. Norton, Trumbauersville, PA; John R. Wolfe, Selinsgrove, PA; <i>Two PS</i>				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/011,262 11/07/2001 PAT 6,729,370 which claims benefit of 60/246,635 11/08/2000 <i>Yes PS</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>No PS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 03/05/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Philip J. Long</i> Examiner's Signature <i>PS</i> Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 14 <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 570				
<b>TITLE</b> Syringe safety device				
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	